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# NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

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INJURIOUS MASSAGE.—*The American Journal of Surgery* says: Nurses should be instructed not to massage the limbs of patients who complain of pain after operation or confinement, without the order of the attending surgeon. If phlebitis and thrombosis are present, the manipulation may loosen a clot and cause instant death.

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ACIDIFICATION OF THE VISCERA AS A SYMPTOM OF DEATH.—*The Medical Record*, quoting from an Italian contemporary, says: Ascarelli Attilio draws our attention to the difficulty of ascertaining whether death has really taken place, which has been recognized in Germany by attaching to every cemetery a mortuary room in which every body is retained for a certain number of hours before burial, while attached to it are instruments of precision which will give warning of the slightest movement. The author has made an extended series of experiments on dogs to ascertain whether the acidification of the tissues of the body, which takes place soon after death, cannot be made use of as an exact demonstration of death. He gives it as his conclusion that this acidification does take place uniformly in the tissues, so that its occurrence may be regarded as an infallible sign of real death. It is the first symptom of death appearing in thirty-five minutes after the cessation of the heart beats. The removal by means of a trochar of a small portion of the splenic parenchyma and testing it will show the presence of acidity. Acidity appears first in the spleen, kidneys, heart, and liver. The cause of death makes certain variations in the phenomena, but the rapidity of death has no effect on acidification.

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PLASTER-OF-PARIS DRESSINGS.—The following is from *The American Journal of Orthopedic Surgery*: Meisenbach says of the setting of plaster-of-Paris that chloride of sodium in small amounts hastens the set; in large amounts retards it; in any amounts it weakens the dressing

by decreasing the crushing force and tensile strength. Dextrin in small amounts strengthens the dressing by increasing both the crushing force and tensile strength, but it also lengthens the time of set in direct proportion to its use. If the time of set is no object, it may be used to good advantage in certain cases, as for instance in making a plaster bed for multiple tuberculous bone lesions. Starch in small amounts (that which is contained in starch sized bandage) adds to the strength by increasing the tensile strength. It does not interfere with the set of the bandage. Portland cement when used in the plaster-of-Paris bandage has the great advantage over chloride of sodium and dextrin in that it can be mixed with the plaster before the bandages are made and that it materially strengthens the bandage in all of its essentials, *i.e.*, increases the crushing force, tensile strength, and at the same time reduces the time of set and density. The density with it is less than the density of the pure plaster itself. The dressings made of the cement bandage are of a light sage color and are not as easily affected by perspiration. They are much stronger and lighter than the pure plaster dressings.

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DANGER OF FIRE IN FORMALDEHYDE DISINFECTION.—In *The New York Medical Journal*, C. H. LaWall calls attention to the dangers attending the modern method of disinfection by the formalin-permanganate plan, stating that on several occasions the mixture has been known to take fire spontaneously. In the formalin-permanganate method it has been customary to use two parts of formalin to one part of permanganate, adding the latter to the former and quickly leaving the room before the violent evolution of gas which shortly takes place has time to affect the operator. Working with quantities in some cases as high as one pound of permanganate, the amount of heat developed must be very great, and if there are any uncertain factors present, such as organic matter in the container which has been imperfectly cleaned, the danger of possible ignition is that much greater. The flame which has appeared on these occasions of combustion has been of a pale blue appearance, reaching several feet in the air from the container. The gas may be ignited from a 40 per cent. solution of formaldehyde by simply heating it and applying a match to the surface after ebullition has begun, and when the formalin-permanganate disinfection proportions are used in as small a quantity as one ounce of formalin and one-half ounce of permanganate, using a beaker for a generator, the flame of the ignited gas has been observed to have a length of more than one foot. In view, therefore, of the uncertainty regarding the cause of the

ignition of the vapor in these observed cases and in recognition of the hitherto overlooked fact that formaldehyde vapor is very inflammable, it would be well to practice this method of disinfection with the precautionary measures of using small quantities of the ingredients (not over one-quarter or one-half pound of permanganate to a charge) in several containers, surrounding these containers with larger ones containing water, being careful to extinguish all gas jets, pilot lights, fire, and other possible causes of ignition, and keep the generators away from the sides of the room where a flame might be communicated to inflammable material. It is not believed by the writer that this method of disinfection need necessarily be abandoned, but it is essential that its limitations and dangers be not overlooked in its future use.

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THE DECOMPOSITION OF CHLOROFORM.—*The Medical Record* says: An ingenious device for automatically indicating decomposition occurring in chloroform intended for use as an anæsthetic has been suggested by Breteau and Woog. It consists in making use of the indicator congo red for determining the development in the chloroform of even the minutest traces of hydrochloric acid. In order to do this conveniently a small disc of elder pith stained with a solution of congo red in absolute alcohol is placed in each bottle containing the chloroform. Normally the stained disc retains its color indefinitely, but if, as the result of the action of air, light, moisture, etc., decomposition begins, hydrochloric acid is set free and the indicator changes from red to blue. The chloroform then should be either discarded for internal use or be repurified. The *Lancet* states that it has tested this method and has found it extremely delicate.

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TREATMENT OF STYES.—*The American Journal of Surgery* says: A sty is often most easily treated by the removal of the hair in the infected follicle and the subsequent application of iced boracic acid compresses.

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VALUE OF INCUBATORS.—*The Annals of Gynecology and Pediatrics* says: Miss Minnie Goodnow, directress of nurses, Milwaukee County Hospital Training School for Nurses, Wauwatosa, Wis., says that "De Lee, who speaks from a wide experience, looks upon the incubator as an essential factor in the care of premature children. Holt and Edgar,

equally good authorities, are skeptical as to its value. Tarnier, who was one of the first to use it, publishes statistics which prove conclusively its efficiency.

The chief criticisms are that the ventilation is uncertain, and that there is danger of infection being carried from one occupant to the next. These are just criticisms and should be kept in mind by those who have the care of these cases, though they may be entirely obviated by careful attention. It is, however, an open question whether any incubator supplies a sufficient quantity of fresh air to its occupant."

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THE DIURETIC EFFECTS OF COLD APPLICATIONS TO THE SKIN.—*The New York Medical Journal*, quoting from French contemporaries, says: Dubois and Butruille call attention to the diuretic effect of cold baths in febrile conditions, and to the results of experiments made by Lambert, of Nancy, upon young persons in full health, who found that in normal individuals the cold baths, more or less prolonged, also caused considerable augmentation of urine. These authorities determined the fact that applications of the ice bag to the abdomen or thorax, for periods of five or ten minutes, produced, in fourteen cases out of seventeen experimented upon, a very marked increase in the quantity of urine secreted during the time the ice was applied. This was determined by fixing a catheter in the bladder, and collecting the urine every five or ten minutes. It was also noticed that a greater secretion amounting to diuresis took place after the application of the ice. This phenomenon was always observed. These observations were repeated and always gave the same results. These results confirm those which the physiologists had already obtained in man; but as they were conducted with all the precision of a positive experiment, they are much more demonstrative.



IN one of the summer numbers of the *Outlook* was a very good and amusing story in which a trained nurse is introduced who is described as the Ice-maiden. While we smile, there is a lesson beneath the phrase which we should not miss.